i.							19055	572
CLAIMS AS FILED - PART I				44		OTHER THA		
FOR	T		(Cornur sl .		CC ENTITY			ALL ENTIT
BASIC FEE	HAMBER FALE	D . HU	MBER EXTRA	- RATE	FEE	_	RATE	· 60
(3) OFR B. IS(GE) TOYAL CHAIRS	 		<u>:</u>	_	1	06	, [1
DI CIR B.IGER	minus	20	•		•	OR	1 50	 _
37 CFR 1,16011	minus	3 .		1100		OR	00	
MALIPLE DEPENDENT CLAMPRESENT (37 CFR 1,16(d))				+,180		OR	21.0	`
d die differènce in colum	TOTAL	-	٦ .	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		<u> </u>		TOTAL	L			
18/2/016	AS AS AMENDE	D-FARTII				•		:
	CLAMS 1	(Column 2)	(Cotumn 3)	SMAL	LENTITY	OR		ER THAN LL ENTITY
٠ ا ا	EMANING AFTER	HUGHEST HUMBER	PRESENT	RATE	A001-	7	RATE	
Total AM	ENOUENT	PAID FOR	EXTRA	I L	FEE	•	, mile	TIDIAL
C (1) CULTINOS	17 Mirws	30	1-0	1.25.		OR	50.	FEI
C out com the o	3 Minus	6	1:-0	100.		OA	200	
FRET PRESENTATION OF MALTIPLE DEPENDENT, CLAIM (OF OFR 1,1641)						OR	130	
1/ 72 0	7.			TOTAL ADOL FEE		OR	TOTAL	
1-1500	fumn ()	(Column 2)	(Column 3)		·] •	ADOL FEE	<u></u>
" DE	EMIAS	HIGHEST	PRESENT	RATE				/-/
	FTER MOMENT	PREVIOUSLY PAID FOR	EXTRA		ADDI- TIONAL FEE		PATE	TATAL
Co Chest redects	S. Minus	-30	.0.	25.	4.56		50.	FEE
Brown Little	. · Minus		• ()	× 100.		OR	x 200.	K
FRIST PRESENTATION OF MAATIPLE DEPENDENT CLAIM (1) OFR 1.14(1)				-180		OR OR	-360	\
0 -				TOTAL ADO'L FEE	· · · ·	[TOTAL	
RCF (CA)	· umn ()	(Column 2)	, (C-h 3)	-COLLEE 1		OR	AGOT EEE	
// a	AHLS HENDING	HIGHEST	PRESENT			ſ	· .	
PHUND AME	PTER .	PREVIOUSLY PAID FOR	EXTRA	RATE	TIONAL		RATE	ADOH FIONUK
From Legal	Minus	15	•	.,25.	· FEE	~ t	.,50.	TIONUL
Grown Lugar	3 Minus	~ 3		100.		OR -	200	
AMENDAGENT PREVIOUSLY EXTRA AMENDAGENT PAID FOR TOGS! Logg! Micros School Scho						OA	360	
		•		+5180.			TOTAL	
. Who entry in column t	briess than the entry	In column 2. wille	"O" in column 3.	ADD' FEE.		OR .	MOON FEE	
"I the "Highest Number "I the "Highest Number	rreviously Paid For (Previously Paid For t	M THIS SPACE & N THIS SPACE &	i less tum 20, en less tran 3, ente	Wei "20", er "3".			•	• •

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If you need existance in completing the form, call 1-800-P TO-9199 and acted option 2